



Maricopa County

Employee Health Initiatives

BENEFICIARY DESIGNATION

Pursuant to the provisions of the Maricopa County Group Term Life Insurance and Accidental Death & Dismemberment Plan, permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my life insurance benefit under the Plan payable by reason of my death.

Primary Beneficiary(ies)						
Last Name	First Name	Birth Date	Social Security #	Relationship	Mailing Address	Phone #

Contingent Beneficiary(ies)						
Last Name	First Name	Birth Date	Social Security #	Relationship	Mailing Address	Phone #

[Effect of divorce. A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree provides otherwise.]

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

All sums payable under the Plan by reason of my death are payable to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then all amounts will be paid in accordance with the Plan. I understand that, unless I have provided otherwise above, the Plan will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Date of this Designation

Signature of Employee

Social Security # or Employee ID #

Print Employee's Full Legal Name

NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

SPOUSAL WAIVER

If you are married, you must designate at least 50% of your life insurance benefit to your spouse. If you wish to designate more than 50% of your life insurance benefit to someone other than your spouse, your spouse must sign this Spousal Waiver in the presence of a notary public. If a properly executed Spousal Waiver is not on file with the Maricopa County Benefits Office at the time of your death, and if you have designated someone other than your spouse as your beneficiary of more than 50% of your life insurance benefit, such designation will be considered invalid and your spouse will receive 100% of your life insurance benefit.

CONSENT OF SPOUSE

I, the undersigned spouse of the employee named in the foregoing Beneficiary Designation, hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation constitutes my spouse's life insurance benefits, in which I may possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation, or my consent is no longer effective.

I have executed this consent this _____ day of _____, 20____.

Signature of Spouse

STATE OF _____)
) ss.
COUNTY OF _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____,
who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.

(SEAL)

Notary Public

My commission expires: _____